

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>					
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 260699.00		
City Washington		State DC	Zip Code 20007-5108		Transaction ID : VN7GB9T6X80
Purpose of Expenditure Media Buy		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Mitch McConnell			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 41412.21		
City Washington		State DC	Zip Code 20007-5108		Transaction ID : VN7GB9T6Z36
Purpose of Expenditure Media Production Costs - Estimate		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Mitch McConnell			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			302111.21		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			302111.21		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Rebecca Lambe</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 07 / 11 / 2014		